California e-file Program Participant Enrollment Form

Participant name Name of sode proprietors, partnership, or corporation, as above on tax return	1	Application type	☐ New	Update	☐ Reinstate
A Participant address (Mailing address) City State ZIP Code	2	Participant name	Name of sole proprietor, partnershi	p, or corporation, as shown on tax re	eturn
SSN/FEIN			Doing business as, if different from above		
Participant address City State ZiP Code	3 Identi	fication numbers	EFI	N	
Participant address (Mailing address)			SSN/FEI	N	
(Physical address, if different from mailing address) Contact information (Primary contact) About the participant (e.g., business owner or responsible official) The profice of the participant (context) of the partici				N	
City State ZIP Code					
City State ZIP Code			City	State	ZIP Code
Contact information (Primary contact) Phone Ext. Fax			Street		
Phone Ext. Fax			City	State	ZIP Code
About the participant (e.g., business owner or responsible official) Certified Public Accountant (CPA or AICPA) #	5 Co		First name	Middle initial Last na	ame
About the participant (e.g., business owner or responsible official) Attorney CTEC #, surety bonding company Other, specify 7 About the participant's business (Check one) Non-profit tax preparation service; Volunteer Income Tax Assistance (VITA); or Tax Counseling for the Elderly (TCE) Out-of-State (include a copy of your IRS acceptance letter) Limited liability company (LLC) 8 Participant type (Check all that apply) (Check all that apply) Fax: (916) 845-0287 For more information Mail: e-file Program MS A-1 Franchise Tax Board PO Box 1468 Sacramento, CA 95812-1468			Phone	Ext.	Fax
(e.g., business owner or responsible official) Attorney			Email		
About the participant's business (Check one) Partnership Corporation, enter corporation number Non-profit tax preparation service; Volunteer Income Tax Assistance (VITA); or Tax Counseling for the Elderly (TCE) Out-of-State (include a copy of your IRS acceptance letter) Limited liability company (LLC) Participant type (Check all that apply) Electronic Return Originator Transmitter Software Developer Submit your application Fax: (916) 845-0287 Mail: e-file Program MS A-1 Franchise Tax Board PO Box 1468 Sacramento, CA 95812-1468	(e.g., business owner or		Enrolled Agent # _AttorneyCTEC #	, surety bonding	g company
Check all that apply) Transmitter Software Developer For more information Fax: (916) 845-0287 Mail: e-file Program MS A-1 Franchise Tax Board PO Box 1468 Sacramento, CA 95812-1468	About the participant's business (Check one) Sole proprietorship Partnership Corporation, enter corp Non-profit tax preparati (VITA); or Tax Counsel Out-of-State (include a			p r corporation number _ paration service; Volun unseling for the Elderly ude a copy of your IRS	teer Income Tax Assistance
mail: e-file Program MS A-1 Franchise Tax Board PO Box 1468 Sacramento, CA 95812-1468 Mail: e-file Program MS A-1 Franchise Tax Board PO Box 1468 Sacramento, CA 95812-1468	8		Transmitter		
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California e-file Program Enrollment Form Guidelines

General Information

Use this form to enroll as a participant in California's e-file Program.

California operates its own e-file program, independent of the federal program. We closely follow the federal e-file Program procedures in administering our program.

Joining the Program

All applicants must be currently accepted in the IRS e-file Program and have an electronic filer identification number (EFIN) or an electronic transmitter identification number (ETIN). To enroll in the California e-file Program, simply complete Side 1 and submit the form. In addition:

- Electronic Return Originator (ERO) and transmitters must pass our suitability test.
- Software developers and transmitters must pass a software acceptance test.

Participant • Types

- ERO EROs prepare electronic tax returns for their clients using approved e-file software.
- Transmitter Transmitters submit electronic tax return data directly to the FTB.
 Check your e-file software to see if you transmit directly or through a third party.
- **Software Developer** Software developers write and distribute e-file software that can be used by tax preparers or individual taxpayers.

Participation Requirements

All applicants must comply with the requirements and specifications in FTB Pub. 1345, e-file Handbook for Authorized e-file Providers of California Individual Income Tax Returns, and FTB Pub. 1345A, e-file Handbook Supplement.

When to Apply

We accept e-file applications year-round. You **do not** need to reapply each year, as long as you e-file at least one return. Please send us an updated enrollment form if any important information changes.

Identification Numbers

EFIN (all applicants)

- If you have not received an EFIN, please wait until after you receive your EFIN from the IRS to submit this form.
- If you have multiple EFINs, enter the one you will use to e-file California tax returns.

SSN/FEIN (all applicants except VITA, TCE, and non-profit services) Provide the social security number or federal employer identification number that is associated with the IRS EFIN you provided above.

ETIN (transmitters and software developers only) Provide the five-digit ETIN that the IRS issued to you.

- If you have not received an ETIN, please wait until after you receive your ETIN to submit this form.
- If you have multiple ETINs, enter the one you will use to e-file California tax returns.

ERO Locator Service

We provide an ERO Locator Service on our Website that helps taxpayers find participating EROs by the ZIP Code or city they specify. All EROs in good standing with FTB's e-file Program are included in this service. If you do not wish to be included, please contact us at **e-file@ftb.ca.gov** or (916) 845-0353.

Prevent, Detect Fraud

Program participants play an important role in assuring the integrity of e-filed returns. Please follow the guidelines in FTB Pub. 1345 to help us prevent and detect fraud.